

Florida 4-H Youth Development Enrollment Form



Family Profile Information

Club Name: _____ Secondary Club Name: _____

Family Last Name: _____ 4-H County: _____

Address: _____ City: _____ Zip: _____

Family Email Address: _____ Member Email: _____

Member Profile Information

First Name: _____ Middle Name: _____ Last Name: _____

Preferred Name: _____ Address: (if different) _____

City: _____ State: _____ Zip Code: _____ Birth Date: ____/____/____

4-H Age on September 1 (start of 4-H year): _____

Home Telephone: (_____) _____ Cell Phone: (_____) _____

Community Club In-School Club Afterschool Club Military Club Individual Member

Parent/Guardian 1: First Name: _____ Last Name: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Parent/Guardian 2: First Name: _____ Last Name: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Are you a **Youth Volunteer?** **No** **Junior** **Intermediate** **Senior** * If Senior, additional application needs to be completed.
(4-H ages 8-10) (ages 11-13) (ages 14-18)

Gender: Male Female **Residence:** Farm Town Under 10,000 or rural non-farm Town/city 10,000-50,000
Suburb of city more than 50,000 Central city more than 50,000

Ethnicity: Are you of Hispanic ethnicity? No Yes

Race: White Black Asian American Indian or Alaskan Native Hawaiian or Pacific Islander

A Family Member is in: Air Force Army Coast Guard Navy Marines National Guard Reserves

Grade: ____ **School:** _____ School is in my 4-H County? Yes No

In 4-H in a county different from the County I Live in. **County I Live In :** _____

In 4-H in 2 counties **My 2nd 4-H County:** _____ **Club** _____ **Project** _____ Year ____

Disability: Do you require accommodation for a disability to participate in 4-H programs? Yes No

Describe Disability/Need: _____

| Project Title | Years in Project | Project Book Title Needed (go to) http://www.florida4h.org/projects/index.shtml |
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| <p>Program Fees if Applicable:</p> <p>Club Fee/Dues Paid \$ _____</p> <p>Personal Insurance Fee of \$1 paid.</p> <p>Personal Insurance Fee of \$2 paid for Horse Project Members.</p> <p>Purchase of Project Books</p> <p>Due \$ _____ Paid \$ _____</p> <p>(Bal. Due: \$ _____)</p> <p>Total Amount Paid: \$ _____</p> <p>Paid by Check Check # _____</p> <p>Paid by Cash</p> |
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Club Officer: President Vice President Secretary Treasurer Reporter
Historian Parliamentarian Recreation Sergeant-at-Arms County Council Delegate Other _____